



**NORTH LITTLE ROCK CATHOLIC ACADEMY
STUDENT INFORMATION SHEET**

STUDENT NAME: _____

SCHOOL YEAR : _____

ADDRESS: _____

GRADE: _____

DOB: _____

Mother/ Guardian

Name: _____ Address: _____

Email: _____

Permission to share email on list? ____ Y ____ N

Circle of Friends Trained: ____ Y ____ N

Cell Phone: _____ Home Phone: _____

Best Way to Contact You: _____

Father/ Guardian

Name: _____ Address: _____

Email: _____

Permission to share email on list? ____ Y ____ N

Circle of Friends Trained: ____ Y ____ N

Cell Phone: _____ Home Phone: _____

Best Way to Contact You: _____

Allergies

Medical Concerns

Emergency Contact

Emergency Phone



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of Years at NLRCA: _____

Would you like to be a room parent? _____ Y _____ N

Are you available to drive during field trips?
_____ Y _____ N

***Must have Circle of Grace Training and fill out informational packet.**

Does the student have access to computer at home for school work?
_____ Y _____ N

***Note: not mandatory.**

Suggestions, concerns, helpful tips for teaching your child.

